

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CSID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CABARDO		
FIRST NAME	DELFIN		JR
MIDDLE NAME	ESCUADRA		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 28, 1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	693 A House/Block/Lot No. Street BRGY SANTO ROSARIO Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.64 m	ZIP CODE	
8. WEIGHT (kg)	81.9 KG		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	693 A House/Block/Lot No. Street BRGY SANTO ROSARIO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2005554025	ZIP CODE	6521
11. PAG-IBIG ID NO.	1211-8475-1133		
12. PHILHEALTH NO.	132020536059	19. TELEPHONE NO.	(053) 335-3904
13. SSS NO.	34-6293398-7	20. MOBILE NO.	09178781069
14. TIN NO.	332-274-486	21. E-MAIL ADDRESS (if any)	delfincabardo@gmail.com/delfin.cabardo@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V01118		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		N/A	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CABARDO			
FIRST NAME	DELFIN	SR		
MIDDLE NAME	CANI			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESCUADRA			
FIRST NAME	MARCEDITA			
MIDDLE NAME	N/A		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	BAYBAY II CENTRAL SCHOOL	BASIC EDUCATION	1/6/97	03/30/2002	N/A	2002	N/A
SECONDARY	BAYBAY NATIONAL HIGHSCHOOL	GENERAL EDUCATION	1/6/02	03/30/2006		2006	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A/N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	1/6/06	3/6/16		2016	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 15, 2021
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## IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)			

**SIGNATURE** 

DATE \_\_\_\_\_

07/15/2021  
CS FORM 212 (Revised 2017) Page 2 of 4



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

## VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

## VIII OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
COMPUTER LITERATE	TOP 6 IN VETERINARY MEDICINE LICENSURE EXAM 2016	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
COOKING		SCRAMBLED LEGS
DANCING		
RUNNING/ MARATHON	1000 JUL 1 E	
DRIVING		
CUSTOMER SERVICE		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/15/2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES

☒ NO

☐ YES

☒ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?  
  
b. Have you been criminally charged before any court?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

Date Filed:

Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES

☒ NO

If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☒ YES

☐ NO

If YES, give details:

Resignation in private sector

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  
  
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES

☒ NO

If YES, give details:

☐ YES

☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES

☒ NO

If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES

☒ NO

If YES, please specify:

☐ YES

☒ NO

If YES, please specify ID No:

☐ YES

☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
EUGENE B. LAÑADA	Visca, Baybay City, Leyte	563-7170
ANA MARQUIZA M. QUILICOT	Bilar, Bohol	9171433449

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC


ID/License/Passport No.: 8884

Date/Place of Issuance: TACLOBAN CITY

Signature (Sign inside the box)


07/15/2021

Date Accomplished



DELFIN E. CABARDO JR.

PHOTO



Right Thumbmark

SUBSCRIBED AND SWORN to before me this 31 AUG 2021, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYAN C. GUINOCOR

VSU Chief Legal Officer

Person Administering Oath

CS FORM 212 (Revised 2017), Page 4 of 4